

TRAVEL EXPENSE REPORT INSTRUCTIONS: See Section 5.11 of the County Administrative Manual

MILWAUKEE COUNTY Form 1423 R13		Doc ID	Agency	Number	Emp Vend ID (5)
		TP			63257

Employee Name (Last, First, MI)	Title	Emp Location (Bldg & Rm #)
Walker, Scott K.	County Executive	CH 306

Resp Agency #	Resp Org Unit #	Travel Advance ID (if travel advance was made)	Document Total
110	1011	TE 110 004594 & 004616	\$ 1,935.00

Start Date	Time	End Date	Time	Purpose of Trip	Trip Code (3)
7/13/2002		7/16/2002		NACo Annual Conference & Exposition	002 MEETINGS

Destination (City, County and State)	Destination Code	2nd Destination Code
New Orleans, LA	NWOR New Orleans, LS	

TYPE OF EXPENSE **AMOUNT** **EXPLANATION**

TRANSPORTATION (Attach ticket stub)	TYPE	Air	\$217.50	Receipt Attached
HOTEL (Attach ticket stub)	No. NIGHTS	3	\$463.65	Receipt Attached CORRECTED REPORT
MEALS/INCIDENTAL EXPENSES			147.00	Per Diem
REGISTRATION FEES (Attach paid receipt)			435.00	Receipt Attached
TELEPHONE/FAX (Business only)			4.00	Listed on Hotel Receipt
TAXI/LIMOUSINE (Receipt required for any one-way fare over \$15.00)			20.00	Receipt Attached
AUTOMOBILE RENTAL (Attach vendor's receipted invoice)				
OTHER EXPENSE (Attach receipts)			17.44	Listed on Hotel Receipt - Use of hotel computer/internet for NACo conference workshop
TOTAL EXPENSE			\$ 1,304.59	Additional Information Check from Mr. Walker to Milwaukee County Treasurer, in amount of \$560.42, submitted with initial travel expense report dated 10/09/02. Based on corrected amount of \$630.41 due Treasurer, attached is Mr. Walker's check in the amount of \$69.99, reflecting the additional amount owed per this corrected report.
TRAVEL ADVANCE				
Type	Trav Adv # (if different)	Amt \$		
Personl		1,500.00	TOTAL ADV	
Hotel				
		435.00	\$ 1,935.00	
AMOUNT DUE EMPLOYE IF EXPENSE EXCEED ADVANCE				
AMOUNT DUE TREASURER IF ADVANCE EXCEEDS EXPENSE			\$ 630.41	

Line # (R)	Agcy (R)	Org Unit (R)	Approp Unit	Activity	Function	Object (R)	ACCOUNT CODE NAME	DOLLAR AMOUNT
(2)	(3)	(4)	(6)	(4)	(4)	(4)		
						5324	ONE DAY TRIP MEALS	
						6805	EDUCATION/SEMINAR FEES	
						6807	DP EDUCATION	
						6809	CONVENTION EXPENSE	
	110	1011	1011sv			6812	MEETINGS AND OTHER AUTHORIZED TRAVEL	1,304.59

Expense Report Balances **TOTAL EXPENSE \$ 1,304.59**

CERTIFICATION

I hereby certify that the above expenses were incurred on County business and are correctly stated. I further certify that if I am being reimbursed for the use of my private automobile, I carry minimum liability insurance coverage of \$100,000/\$300,000/\$50,000 or a combined single limit of bodily injury and property damage of \$250,000 in any one accident, and said insurance is in force and that at the time of the trip I had a valid vehicle driver's license.

EMPLOYEE SIGNATURE  DATE 11.04.02

APPROVED BY (SIGNATURE OF AUTHORIZED COUNTY ADMINISTRATOR)  DATE 11.04.02